

section of adherent nerves and vessels, whose loss plays so important a role in the formation of residual nerve and trophic disturbances. In general, it fulfils all requirements, presents the least danger, and has given up to the present the best results. Most writers agree that the ideal operation is that which maintains the continuity of the vascular paths, and the procedures adopted are: ligation of the communication, lateral suture, and end-to-end suture.

---

**The Wassermann Control in the Treatment of Syphilis.**—SARGENT (*Am. Jour. Syph.*, 1920, iv, 287) says that the Wassermann offers an excellent control in the treatment of syphilis only when taken in consideration with the physical findings and with the past history of the patient, including the amount of his treatment. Syphilis in the pre-Wassermann primary stage reacts most readily and surely to intensive treatment. Wassermann positive primary syphilis cannot be cured by a few injections of arsphenamine and a few months of mercury, but when treated intensively and over a long period, offers an excellent prognosis. There seem good grounds for the belief that many cases of secondary and tertiary syphilis even of years' duration, when treated intensively both with arsenic and mercury for one, two or three years can be rendered Wassermann negative and apparently cured. There are promises of some hope of rendering inherited syphilis permanently Wassermann negative by prolonged treatment with arsenic and mercury. In at least some cases of early tabes it is possible to render both the blood and spinal fluid negative to the various clinical tests.

---

**The Significance of Chronic Vesiculitis in Prostatitis.**—MARION (*Jour. d'Urologie*, 1920, ix, 11) reports three cases of prostatic disturbances in which the diagnosis was uncertain but in all of which the prostate was removed by the suprapubic route. They all showed evidence of tumor of the prostate but in every case the seminal vesicles were enlarged, abnormally painful and bosselated. On section they presented a series of cavities filled by a serum that was turbid and sometimes bloody. The walls were simply thickened. Marion thought this condition was due to a retrograde dilatation from occlusion of the ejaculatory duct by the prostatic tumor. He concludes that a vesicular induration, unilateral or bilateral, is a sign of tumor of the prostate. But one should not regard this induration of the vesicle as a prolongation of the prostatic tumor. In all the cases the operation was done as for hypertrophy of the prostate. The isolation of the vesicles was not difficult with the aid of the finger in the rectum. The operative results are much the same as after prostatectomy for hypertrophy. The establishment of painful swelling of the seminal vesicles in a prostatic ought to suggest the idea of cancer, but the painful swelling of the vesicles ought not to be interpreted, at least in a certain number of cases, as a sure extension of the prostatic neoplasm but simply as a retrograde dilatation of the vesicles, the ejaculatory ducts being invaded by the cancer. It does not contra-indicate removal of the tumor if this is possible. The removal of the seminal vesicles does not aggravate the prognosis of the prostatectomy.

## PEDIATRICS

UNDER THE CHARGE OF

THOMPSON S. WESTCOTT, M.D., AND ALVIN E. SIEGEL, M.D.,  
OF PHILADELPHIA.

**Hereditary Occurrence of Hypothyroidism with Dystrophies of the Nails and Hair.**—BARNETT (*Arch. Neurol. and Psychiat.*, December, 1919) reports a case in a family that for generations has shown among its members peculiar trophic disorders of the nails and hair, and various abnormalities of a mental or nervous character. The patient under observation showed a plumpness of the skin, which felt as if it were thickened in its deeper parts. Around the eyes the skin was puffy, as if from increased subcutaneous fat. The hands were chubby and the fingers were short and clubbed. The hands and the feet were cyanotic. The surface of the skin lacked moisture and the skin of the finger tips and the soles of the feet was exfoliated. There was a scant amount of hair on the head and body, and there was also a peculiar abnormality of the nails. The hair was thin and patches were covered only by a fine lanugo. The eyebrows were reduced to a few scattered hairs and these were stiff and short. The nails of the fingers and toes were lacking a quarter to a half an inch of reaching the tips of the fingers and toes. There was no lunula. The free margin was thickened and broken. The surfaces were smooth and not ridged. The nail bed was exposed and in places showed suppuration. Neurologically there was a tic-like movement of the face, and when he became emotionally excited there was a tic of the right shoulder. Speech was thick and nasal in quality. Bone conduction for sound was absent in the left ear. There was a high degree of hyperopia. On administration of thyroid extract marked improvement was noted. In the family history the same deficiencies were present for at least six generations. Of sixty-one members in the family the defect was present in fourteen. These showed the defect in both the hair and the nails. The nail defect was about the same in all of these, but there was much variation in the degree of the loss of the hair. There was usually an extreme scantiness, but in none was there a total loss. In the most extreme cases there was a fine lanugo-like covering for the scalp. The defect tended to occur in a mendelian type of distribution, but the varied character of the abnormalities appearing in relation with the type defect of nails and hair was too complicated to be explained in a simple mendelian formula. All the individuals having the defect gave a mixed progeny when crossed with normal mates. A high degree of feeble-mindedness and neurological disorders of a degenerative type were present. Of the members of the third generation who had dystrophies of the nails and hair their descendants numbered twenty-nine. Of these twenty-two were definitely abnormal. Twelve of these had the characteristic dystrophy and ten others who lacked this abnormality showed other constitutional and nervous disorders. These included 1 case of epilepsy, 1 case of hysteria, 1 case of severe tic, 4 cases of feeble-mindedness, 1 case of nocturnal